

Application No. 09/676,363  
Docket No. 1578US3

Art Unit 3762  
Examiner: L. Deak

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:  
B. Loggie

: Group Art Unit: 3762

Serial No.: 09/676,363

: Examiner: L. Deak

Filed: September 29, 2000

:

For: Multi Lumen Catheter System Used In A Blood  
Treatment Process

:

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

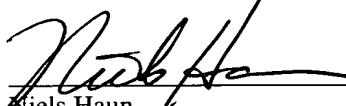
I hereby certify that this Response and accompanying papers are being deposited on May 7, 2004 with the United States Postal Service as first-class mail in an envelope properly addressed to COMMISSIONER FOR PATENTS, Alexandria, VA 22313-1450

May 7, 2004  
Date of Certificate

  
Robin L. Dolan

Applicant's undersigned Agent hereby petitions for an extension of time of ONE month beyond the time period set in the last office communication. The proper fee is enclosed as identified in the enclosed Fee Transmittal form.

May 7, 2004  
Date of Certificate

  
Niels Haun  
PTO Registration No. 48,488

**AMENDMENT AND REPLY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

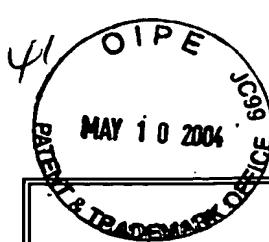
**RECEIVED**  
**MAY 14 2004**  
**TECHNOLOGY CENTER 3700**

Dear Sir:

In response to the Office Action dated January 12, 2004, please amend the above-identified application, without prejudice or disclaimer, as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.



3762 \$

## FEE TRANSMITTAL

		<b>Complete if known</b> Application Number: 09/676,363 Filing Date: September 29, 2000 First Named Inventor: Loggie Group Art Unit: 3762 Examiner Name: Deak, Leslie R	
Total Amt. of Payment: (1)+(2)+(3)= <u>\$110</u>		Attorney Docket Number: 0101 P01578US3	

<b>METHOD OF PAYMENT (check one)</b> 1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>Fee Calculation (continued)</b> <b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ 55 Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Terminal Disclaimer</u> _____ 55 Other fee (specify) _____ <b>SUBTOTAL (3)</b> <u>\$110</u>																	
<b>FEE CALCULATION</b> <b>1. FILING FEE</b> <table> <thead> <tr> <th><b>Fee Description</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Utility filing fee</td> <td>_____</td> </tr> <tr> <td>Design filing fee</td> <td>_____</td> </tr> <tr> <td>Plant filing fee</td> <td>_____</td> </tr> <tr> <td>Reissue filing fee</td> <td>_____</td> </tr> <tr> <td>Provisional filing fee</td> <td>_____</td> </tr> </tbody> </table> <b>SUBTOTAL (1)</b> <u>\$0</u>				<b>Fee Description</b>	<b>Fee</b>	Utility filing fee	_____	Design filing fee	_____	Plant filing fee	_____	Reissue filing fee	_____	Provisional filing fee	_____				
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<b>2. Claims</b> <table> <thead> <tr> <th></th> <th><b>Paid</b></th> <th><b>Extr</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>= 0</td> <td>x 9</td> <td>= 0</td> </tr> <tr> <td>Independent Claims</td> <td>= 0</td> <td>x 42</td> <td>= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <b>SUBTOTAL (2)</b> <u>\$0</u>					<b>Paid</b>	<b>Extr</b>	<b>Fee</b>	Total Claims	= 0	x 9	= 0	Independent Claims	= 0	x 42	= 0	Multiple Dependent (First presentation)			
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Submitted By:

Typed or

Printed Name Njels Haun

Reg. Number 48,488

Signature Njels Haun

Date May 7, 2004

Deposit Account User ID  
04-1406